

STATEMENT OF ECONOMIC INTERESTS

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FACIAL
PRACTICES COMMISSION

Date Received
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Please type or print in ink.

NAME OF FILER

(LAST)

12 MAR - (FIRST) AM 11:17
LELAND 'LEE'

CARROLL

1. Office, Agency, or Court

Agency Name

COUNTY OF SIERRA

Division, Board, Department, District, if applicable

BOARD OF SUPERVISORS

Your Position

COUNTY SUPERVISOR, DISTRICT ONE

► If filing for multiple positions, list below or on an attachment.

Agency: SEE ATTACHED LIST

Position: SEE ATTACHED LIST

2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☒ Multi-County SEE ATTACHED LIST☒ County of SIERRA☐ City of _____☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.☐ Assuming Office: Date assumed ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☒ Candidate: Election Year 2012

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

Date Signed

2/16/2012

(month, day, year)

Signature

Agency/position list

Leland C. 'Lee' Adams III

County of Sierra	County Supervisor, District One
County of Sierra	Director, Service Area No. One
County of Sierra	Director, Board of Equalization, District One
County of Sierra	Alternate Member, LAFCO
Regional Council of Rural Counties	Director
CRHMFA Homebuyers Fund	Delegate
Calif Rural Home Mortgage Fin Corp	Delegate
Rural Health JPA	Delegate
Environmental Services JPA	Delegate
Pac Forest Stewardship Council	Alternate Delegate, representing RCRC
Pac Forest Stewardship Council	Treasurer
Northern Sierra Air Qual Mgmt District	Alternate Member
Sierra Economic Development Corp	Delegate
Sierra Planning Organization	Delegate
Calif State Association of Counties	Delegate
Nor Cal EMS	Alternate member, board of directors

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name LELAND C. 'LEE' ADAMS III

► NAME OF SOURCE
DON PHILLIPS

ADDRESS (Business Address Acceptable)
BIG SPRINGS GARDEN, SIERRA CITY, CA 96125

BUSINESS ACTIVITY, IF ANY, OF SOURCE
RESTAURANT RESORT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 22 / 11	\$ 200.00	DINNER FOR TWO
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
YUBA EXPEDITIONS

ADDRESS (Business Address Acceptable)
MAIN ST, DOWNIEVILLE, CA 95936

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MTN BIKE SHOP AND SHUTTLE SERVICE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 19 / 11	\$ 200.00	SHUTTLE GIFT CERT
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: APPRECIATION DINNER FOR MEMBERS OF BOARD AND GUESTS; SHUTTLE CERT A DONATED GIFT FOR RCRC NON PROFIT RAFFLE

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name LELAND C. 'LEE' ADAMS III

SCHEDULE E **Income – Gifts** **Travel Payments, Advances,** **and Reimbursements**

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE
REGIONAL COUNCIL OF RURAL COUNTIES
 ADDRESS (Business Address Acceptable)
1215 K STREET, SUITE 1650
 CITY AND STATE
SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
LOCAL GOVT ASSOCIATION
 DATE(S): 01 / 01 / 11 - 12 / 31 / 11 AMT: \$ 1847.69
 (If gift)
 TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
MEALS PROVIDED: REIMBURSEMENT FOR
MILEAGE FOR RCRC & STEWARDSHIP COUNCIL

▶ NAME OF SOURCE
NORTHERN SIERRA AIR QUALITY MGMT DIST
 ADDRESS (Business Address Acceptable)
200 LITTON DRIVE, SUITE 320 PO BOX 2509
 CITY AND STATE
GRASS VALLEY, CA 95945
 BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
LOCAL AIR DISTRICT
 DATE(S): 01 / 01 / 11 - 12 / 31 / 11 AMT: \$ 299.90
 (If gift)
 TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
TRAVEL REIMB AND MEETING STIPENDS

▶ NAME OF SOURCE
CALIF STATE ASSOCIATION OF COUNTIES
 ADDRESS (Business Address Acceptable)
1100 K STREET, SUITE 101
 CITY AND STATE
SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
LOCAL GOVT ASSOCIATION
 DATE(S): 1 / 1 / 11 - 12 / 31 / 11 AMT: \$ 960.00
 (If gift)
 TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
TRAVEL REIMB AND LODGING REIMB

▶ NAME OF SOURCE
SIERRA ECONOMIC DEVELOPMENT CORP
 ADDRESS (Business Address Acceptable)
560 WALL ST, SUITE F
 CITY AND STATE
AUBURN, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
LOCAL GOVT JPA
 DATE(S): 1 / 1 / 11 - 12 / 31 / 11 AMT: \$ 750.00
 (If gift)
 TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
TRAVEL REIMB

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>LELAND C. 'LEE' ADAMS III</u>

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE	
<u>PACIFIC FOREST STEWARDSHIP COUNCIL</u>	
ADDRESS (Business Address Acceptable)	
<u>15 NORTH ELLSWORTH AVE, SUITE 100</u>	
CITY AND STATE	
<u>SAN MATEO, CA</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>PRIVATE NON PROFIT FOUNDATION</u>	
DATE(S): <u>1 / 1 / 11 - 12 / 31 / 11</u>	AMT: \$ <u>204.20</u>
(If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input checked="" type="checkbox"/> Other - Provide Description	
<u>MEALS PROVIDED AT MEETINGS.</u>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____	AMT: \$ ____
(If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____	AMT: \$ ____
(If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____	AMT: \$ ____
(If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

Comments: _____

Leland C. "Lee" Adams III

RCRC Mileage reimb	\$1611.84
RCRC Meals provided	235.85
CSAC Mileage reimb	650.00
CSAC Meals provided	310.00
No Sierra Air Qual Mileage reimb	99.90
No Sierra Air Qual meeting stipend	200.00
SEDCorp Mileage reimb	750.00
Stewardship Council meals provided	204.20